



PTO/SB/22 (12-04)

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**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  
FY 2005**

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)

0147-0220P

Application Number

09/743,577-Conf. #5756

Filed

March 12, 2001

For Skin and tissue care and/or treatment agent

Art Unit 1616

Examiner

S. S. Gollamudi

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|  | <u>Fee</u> | <u>Small Entity Fee</u> |           |
|--|------------|-------------------------|-----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))               | \$120      | \$60                    | \$        |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))              | \$450      | \$225                   | \$        |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020     | \$510                   | \$ 510.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))             | \$1590     | \$795                   | \$        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))             | \$2160     | \$1080                  | \$        |

☒ Applicant claims small entity status. See 37 CFR 1.27.☒ A check in the amount of the fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director has already been authorized to charge fees in this application to a Deposit Account.☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448. I have enclosed a duplicate copy of this sheet.I am the ☐ applicant/inventor.☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).☐ attorney or agent of record. Registration Number \_\_\_\_\_☒ attorney or agent under 37 CFR 1.34.Registration number if acting under 37 CFR 1.34 32,868

Signature

September 12, 2005

Date

Andrew D. Meikle

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Typed or printed name

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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